MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 82239

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD. #4. (Edward ave)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD #4. Edward ave

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Ann (Last) Adkins

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 30-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home life
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stanbury Adkins
14. MOTHER'S MAIDEN NAME: Luvicia Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Geo. Francis Adkins Jr. (Son) RD. #4. Edward Ave Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443x

Immediate cause (a) Intra Cranial Hemorrhage
DUE TO
Antecedent cause(s) (b) Hypertensive C.V. disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1953 to 2-8, 1953, that I last saw the deceased alive on no, 19....., and that death occurred at 10.30 a.m., from the causes and on the date stated above.

SIGNATURE Wm B. Smith (DEGREE OR TITLE) M.D. ADDRESS 222 W. Division DATE SIGNED 2-9-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb. 12-53
NAME OF CEMETERY OR CREMATORY Forest Grove Cem
LOCATION (City, town, or county) (State) RD. Parsonsburg Md.

DATE REC'D BY LOCAL REG. 2-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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RECEIVED
FEB 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02356

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showell
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Littleton (Middle) Robins (Last) Bishop
4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 10, 1875
9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Bishops md
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Peter B. Bishop
14. MOTHER'S MAIDEN NAME: Rachel Virginia Catherine Isabel Dair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Mr Blades Bishop Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
332 X
Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 19 53, to 2/27, 19 53, that I last saw the deceased alive on 2/27, 19 53, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Lloyd R. Brownie M.D. ADDRESS Salisbury Md DATE SIGNED 2/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/1/53
NAME OF CEMETERY OR CREMATORY Bishop Family Plot
LOCATION (City, town, or county) Bishops (State) Md

DATE REC'D BY LOCAL REG. 3-3-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Anna A. Bunting ADDRESS Berlin Md

RECEIVED
MAR 6 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02240

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke.
STREET ADDRESS (If rural, give location) 712 2nd Street

3. NAME OF DECEASED: (First) Jennie (Middle) E. (Last) Bonneville
4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1953.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	W.	Single	Sept 11, 1868	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Teacher	School	Maryland	U.S.A.

13. FATHER'S NAME: William C. Bonneville
14. MOTHER'S MAIDEN NAME: Amelia Hanaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No / No	—	Mrs. Bertie Lockerman Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Acute pulmonary edema	2/1-2/3
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1953, to 2-3, 1953, that I last saw the deceased alive on 2/3, 1953, and that death occurred at 12.35 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] Salisbury Md 3/4/53

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-6-53	Salem Methodist	Pocomoke, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-4-53	Mary W. Holloway	Henry H. Watson	Pocomoke, Md.

RECEIVED
FEB 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02241

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 402. Elizabeth St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Nancy Catherine Bozman
4. DATE OF DEATH: (Month) (Day) (Year) Feb. 6 - 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: April 24 - 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House W.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Monie Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Bozman
14. MOTHER'S MAIDEN NAME: Harriett Laird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mrs. Ethridge Jenkins (daughter) 108. Fooks St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Valvula Heart Disease	10 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteria - Sclerosis	15 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis 6 yrs ago

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953 to Feb 6, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at 1.10 a.m., from the causes and on the date stated above.

SIGNATURE Thurie R Mamsher (DEGREE OR TITLE) M-D ADDRESS Salisbury Md. DATE SIGNED 2/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb. 8-53
NAME OF CEMETERY OR CREMATORY Oriole Cem.
LOCATION (City, town, or county) Oriole Md (State)

DATE REC'D BY LOCAL REG. 2-9-53
REGISTRAR'S SIGNATURE Mary W Holloway
24. FUNERAL DIRECTOR Holloway Co. Walter R Holloway ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1

RECEIVED
FEB 10 1953
BUREAU V. S.

(Dr. L.G. Radcliffe)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02242

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Salisbury~~ — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Bush St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 307 Bush St.

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) Marian (Last) Brittingham

4. DATE OF DEATH: (Month) Feb. (Day) 19. (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Married~~

8. DATE OF BIRTH: June 16, 1879.

9. AGE last birthday: 73. yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): R.D. Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry White

14. MOTHER'S MAIDEN NAME: Fannie L. Downing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Gordy F. Brittingham (Husband) 307 Bush St. Salisbury, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
823X Immediate cause	(a) Cerebral Hegemorrhage	2 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Intra-cranial Hemorrhage	2 years
	DUE TO (c) Automobile accident	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street — (CITY OR TOWN) Salisbury — (COUNTY) Wicomico — (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 14 (Year) 52 (Hour) 7 p.m. — INJURY OCCURED While at Work ☐ Not While At Work ☑ — HOW DID INJURY OCCUR? Swerved to avoid children at play

22. I hereby certify that I attended the deceased from 7/14, 1952, to Feb 17, 1953, that I last saw the deceased alive on 2-18, 1953, and that death occurred at 11.20 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.G. Radcliffe MD — ADDRESS Salisbury Md — DATE SIGNED 2-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 21. 1953. — NAME OF CEMETERY OR CREMATORY Parsons Cemetery. — LOCATION (City, town, or county) Salisbury, Maryland. (State)

DATE REC'D BY LOCAL REGISTRAR 2-21-53 — REGISTRAR'S SIGNATURE Maryll W. Holloway

24. FUNERAL DIRECTOR — ADDRESS Holloway & Co. Salisbury, Maryland.

Walter R. Holloway

RECEIVED
FEB 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

STREET ADDRESS (If rural, give location) 214 Delaware Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Brown

4. DATE OF DEATH: (Month) February (Day) 14 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Colored	Married	about 1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or Foreign country):	12. CITIZEN OF WHAT COUNTRY?
Waiter	Wicomico Hotel	Salisbury, Wicomico Co. Md.	U.S.A

13. FATHER'S NAME: Handy Brown

14. MOTHER'S MAIDEN NAME: Mary Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	No	214-10-9840	Mrs. Aida Brown, 214 Delaware Ave. Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

447X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4-5 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Vascular Disease — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 19 53, to 2-15, 19 53, that I last saw the deceased alive on 2/14, 19 53, and that death occurred at 10 40 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wilbur R. Ellis, Jr. MD — Salisbury, Md. — 2-17-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-19-53	Green Acres Cemetery	Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REG. 2-18-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS

STEWART FUNERAL HOME 324 E. Church St

Mary A. Stewart, Salisbury, Md.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) 30 Jefferson

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Carter
4. DATE OF DEATH: (Month) February (Day) 1 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 28-1880
9. AGE last birthday: -72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home life
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): No. Record.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augustus Kuhn
14. MOTHER'S MAIDEN NAME: Amelia (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: P.G.
17. INFORMANT & ADDRESS: Hospt. Record Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 171X

Immediate cause (a) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH 1 yr?

DUE TO

Antecedent cause(s) (b) " of Stomach — "

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-25-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1953, to 2-1, 1953, that I last saw the deceased alive on 2-1, 1953, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE H. W. Brile MD (DEGREE OR TITLE) ADDRESS 504 N Division St. DATE SIGNED 2-1-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb. 4-53
NAME OF CEMETERY OR CREMATORY Presbyterian Cem
LOCATION (City, town, or county) Phila. Pa. (State)

DATE REC'D BY LOCAL REG. 2-2-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-5 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 419 E. Nine st.

3. NAME OF DECEASED: (Type or Print) (First) Alvin (Middle) Joseph (Last) Causey
4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 8 1949
9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): P.G. Hospt. Salisbury Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alvin G. Causey
14. MOTHER'S MAIDEN NAME: Jessie C. Schuyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Jessie C. Causey (Mother) 419 E. Nine st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

192X

Immediate cause (a) DUE TO Cerebral Haemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Secondary Malignant Growths. Removal of Left eye for Malignant Tumor

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10th 1953 to Feb 14th 1953 that I last saw the deceased alive on Feb 14, 1953, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE Currie C. Hearn (Degree or title) M.D. ADDRESS 203 W Church St Salisbury DATE SIGNED 8/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 16 1953
NAME OF CEMETERY OR CREMATORY Wicomico Mem Park
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

FEB 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]4

Dr [illegible]
Waters

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Lillie (Middle) May (Last) Clark
4. DATE OF DEATH: (Month) Feb. (Day) 28 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1922
9. AGE Last birthday: 31 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: At Restaurant
11. BIRTHPLACE (State or foreign country): Erwin North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Clark
14. MOTHER'S MAIDEN NAME: Clara Ennis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr James G Clark (Brother) 197 Edgewater Apt. Baltimore 21, Maryland (Middle Run)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilation — Interval Between Onset And Death: 15 Min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Bilateral Pulmonary T. B. and
DUE TO (c) Laryngeal T. B.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 ....., to ....., 19 ....., that I last saw the deceased alive on 2-28, 19 53, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature]
ADDRESS: 410 S. Division St., Salisbury, Md.
DATE SIGNED: 2-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 3-1953
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE RECD BY LOCAL REGISTRAR: 3-2-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Holloway & Company- Salisbury, Maryland
Walter R. Holloway

VS. A15

MAR 5 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke

STREET ADDRESS (If rural, give location) Clarke Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Bulba	L.	Clarke	February 3, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White		Nov 23 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Christopher C. Floyd	Anne McMaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no no	none	Mr. E. J. Clarke, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
176X Immediate cause	(a) Carcinoma of Breast with metastases DUE TO to lung	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1953, to 2-3, 1953 that I last saw the deceased alive on 2-3, 1953, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Wilbur R. Ellis	J.MD	Salisbury, Md.	2-3-53

23. BURIAL, CREMATION / REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-53	St. Mary's Episcopal	Pocomoke, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-4-53	Mary W. Holloway	Henry H. Watson	Pocomoke, Md.

VS. A15 8-51

Item 9 FilmG151 2/26/53 whw

0224

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) W. (Last) Conklin

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan 4, 1904
9. AGE last birthday: ~~50~~ 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10b. KIND OF BUSINESS OR INDUSTRY: Billiard Parlor
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa. USA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Winfred Conklin
14. MOTHER'S MAIDEN NAME: Ellen McGovern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Chincoteague, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1
Immediate cause (a) Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Influenza

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-, 1953, to 2-11-, 1953, that I last saw the deceased alive on 2-11-, 1953, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md DATE SIGNED Feb. 16, 1953

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 2/15/53 NAME OF CEMETERY OR CREMATORY Redman's Cemetary LOCATION (City, town, or county) Chincoteague (State) Va.

DATE REC'D BY LOCAL REG. 2-18-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ~~Henry~~ William Salyer ADDRESS Henry J. Conklin.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

FEB
1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main st

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Main st

3. NAME OF DECEASED: (Type or Print) (First) Maria (Middle) Elizabeth (Last) Cooper

4. DATE OF DEATH: (Month) Feb. (Day) 14- (Year) 1953

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: July 1- 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 7 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maudela Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Venables

14. MOTHER'S MAIDEN NAME: Nancy Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Nellie Cooper (daughter) Main St. Hebron

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331 X

Immediate cause (a) Cerebral Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4th 1953 to Feb 14th 1953, that I last saw the deceased alive on Feb 11th 1953, and that death occurred at 2-30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William Emrich M.D Hebron Md Feb 14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb. 17-53 NAME OF CEMETERY OR CREMATORY Maudela Cemetery LOCATION (City, Town or county) Maudela (State) Md.

DATE REC'D BY LOCAL REG. 2-16-53

REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS

Holloway & Co. Salisbury, Md.
Walter R. Holloway

FEB 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

2250

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 45 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millsboro
STREET ADDRESS (If rural, give location) R. R#1

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) Leigh (Last) Cransfield
4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child
8. DATE OF BIRTH July 19, 1952
9. AGE last birthday yrs. If under 1 year: Months 10 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Roy T. Cransfield
14. MOTHER'S MAIDEN NAME Beatrice Marie Holston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Roy T. Cransfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
057.0 Immediate cause	(a) Acute fulminating meningitis	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓ Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L O Rodemaker (Degree or title) M. D. ADDRESS 224 N. Division St., Salisbury, Md. DATE SIGNED 2/25/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 2-27-53 NAME OF CEMETERY OR CREMATORY Willards Cemetery LOCATION (City, town, or county) Willards, Md. (State)

DATE REC'D BY LOCAL REG. 2-27-53 REGISTRAR'S SIGNATURE Mary W. Holloway 24. FUNERAL DIRECTOR Peter Whaley, Selbyville Del ADDRESS

207 x 171405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 2 1953
U. S.

Item 9 Film 151 2/17/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Wicomico — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

LENGTH OF STAY (in this place): Since 1/16/52

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pine Bluff State Hospital Salisbury, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

STREET ADDRESS (If rural give location): 202 Maryland Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Wesley (Last) Crockett

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Single	Nov. (?) 1915	~~38~~ 37 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Seafood	Tangier Island, Va.	USA

13. FATHER'S NAME: John Wesley Crockett

14. MOTHER'S MAIDEN NAME: Ruth Sparrow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	Patient when admitted to Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 9 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1952, to 2/6, 1953, that I last saw the deceased alive on 2/6, 1953, and that death occurred at 11:50a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M. D. Supt — ADDRESS: Salisbury, Md. — DATE SIGNED: 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Feb. 7, 1953	Rumsey Ridge	Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-6-53	Mary W. Holloway	Edmund D. Covington	Crisfield Md

FEB 9 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Dashiells

4. DATE OF DEATH: (Month) (Day) (Year) 2 - 27 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 15, 1887
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 1 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): White Haven, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Florence Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Minerva Dashield, Quantico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.7

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Arteriosclerotic Heart	6 years
	DUE TO (c) Disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 May, 1947, to 27 Feb., 1953, that I last saw the deceased alive on 27 Feb., 1953 and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE Richard H. Saunders (DEGREE OR TITLE) M.D. ADDRESS Nanticoke, Md. DATE SIGNED 2/28/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/3/53
NAME OF CEMETERY OR CREMATORY Tyaskin Cemetery
LOCATION (City, town, or county) (State) Tyaskin, Maryland

DATE REC'D BY LOCAL REG. 3-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius D. Messick, ADDRESS Bivalve, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 8-53

MAR 11 1953
BUREAU OF

ITEM 17: film G150 1-17-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Florence (Middle) E. (Last) Disney

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 9/29/1881

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Atkinson

14. MOTHER'S MAIDEN NAME: Sarah Hildabrandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-03-3752

17. INFORMANT & ADDRESS: Vesna Hildabrandt Atlantic Ave. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3 or X

Immediate cause (a) Cerebral Thrombosis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral arteriosclerosis — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1953 to 2-7, 1953 that I last saw the deceased alive on 2-7, 1953 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wilbur R. Ellis, M.D. Salisbury, Md. 2-7-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF 2/9/53

NAME OF CEMETERY OR CREMATORY: London Park

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 2/9/53

REGISTRAR'S SIGNATURE Mrs. Helen Hall

24. FUNERAL DIRECTOR — ADDRESS

Mrs. Cook Inc. 1217 St. Paul St.

Dec'd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Route #2.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Doody
4. DATE OF DEATH: (Month) (Day) (Year) February 18 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan 4, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Somerset Co.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Revelle Hayman
14. MOTHER'S MAIDEN NAME: Annie Snelling
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Helen Peacock Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Heart Disease — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1953, to 2-18, 1953, that I last saw the deceased alive on 2-18, 1953 and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md. DATE SIGNED Feb. 18 1953

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF Feb 20 1953
NAME OF CEMETERY OR CREMATORY Episcopal Cemetery
LOCATION (City, town, or county) Princess Anne (State) Md
DATE REC'D BY LOCAL REG. 2-19-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Dashiell Funeral Home James Hinman
ADDRESS Princess Anne

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 24 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 Barclay St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 313 Barclay Street

3. NAME OF DECEASED: (Type or Print) (First) Alpheus (Middle) Lee (Last) Elliott
4. DATE OF DEATH: (Month) Feb. (Day) 17. (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: March 17.1872.
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY: Wood Working Plant.
11. BIRTHPLACE (State or foreign country): Wicomico County Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John L. Elliott
14. MOTHER'S MAIDEN NAME: Mary Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Lillian Jones (Daughter) 313 Barclay St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

Immediate cause (a) Cardiac Failure
DUE TO
Antecedent cause(s) (b) Intra-cranial Hemorrhage
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Hypertensive C.V. Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Influenza

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1953, to 2-16, 1953, that I last saw the deceased alive on 2-15, 1953, and that death occurred at 1.30. A.M., from the causes and on the date stated above.

SIGNATURE Wm B. Smith (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Md. DATE SIGNED 2/18/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb. 19.1953.
NAME OF CEMETERY OR CREMATORY Parsons Cemetery.
LOCATION (City, town, or county) (State) Salisbury, Maryland.

DATE REC'D BY LOCAL REG. 2-19-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury, Maryland. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 hrs 5 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bivalve
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) James (Last) Foxwell
4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10-15-1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 4 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: House Painter
11. BIRTHPLACE (State or foreign country): Mount Vernon, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Foxwell
14. MOTHER'S MAIDEN NAME: Florence Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-10-8133
17. INFORMANT & ADDRESS: Mary Foxwell, Bivalve, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	4 hours.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerotic Heart Disease	6 years.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1947, to 22 Feb, 1953, that I last saw the deceased alive on 22 Feb, 1953, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE Richard H Saunders M.D. (DEGREE OR TITLE) ADDRESS Dantecote Md. DATE SIGNED 23 Feb 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Feb. 25, 1953 NAME OF CEMETERY OR CREMATORY Bivalve Cemetery LOCATION (City, town, or county) Bivalve, Maryland (State)

DATE REC'D BY LOCAL REG. 2-24-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius D. Messick, Bivalve Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415 8-51

FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury - Rural
LENGTH OF STAY (in this place): 2½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland
STREET ADDRESS (If rural, give location): 18 Dulany Avenue

3. NAME OF DECEASED (Type or Print): (First) Jerry (Middle) Joseph (Last) Gardner.

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 2, 1953 19

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Dec. 24, 1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work - Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Tarboro, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jerry Gardner

14. MOTHER'S MAIDEN NAME: Mariah Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
422.1 Immediate cause	(a)	Cerebral hemorrhage (Stroke)	24h.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	arteriosclerotic cardiovascular disease with	
	DUE TO (c)	aortic stenosis. Aneurysm of ascending aorta	4 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1952, to 2/2, 1953, that I last saw the deceased alive on 2/2, 1953, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Dr. V Guerman MD Deers Head State Hosp. Salisbury 2/3/53.

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 2/7/53

NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem

LOCATION (City, town, or county) (State): Fruitland

DATE REC'D BY LOCAL REG. 2-4-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Booker McVert

VS. A18 8-51

1225

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY WICOMICO MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron
STREET ADDRESS (If rural give location) Box 48

3. NAME OF DECEASED: (Type or Print) (First) ESSIE (Middle) FRANCIS (Last) GOSLEE

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: March 12, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Humphreys M. Hatton
14. MOTHER'S MAIDEN NAME: Marybelle Phillipps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr George W. Goslee Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
757.1
Immediate cause (a) Polycystic Disease of Kidneys
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: present from birth

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 ... , to 2-21, 1953 that I last saw the deceased alive on 2-21, 1953 and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) Wilbur Q. Ellis, Jr. MD
ADDRESS Salisbury, Md.
DATE SIGNED 2-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/23/53
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Parks
LOCATION (City, town, or county) (State) Salisbury, Maryland.
DATE REC'D BY LOCAL REGISTRAR 2-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co George C Hill II
ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7.
STREET ADDRESS (If rural, give location) 5924 Montgomery Ave

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Catherine (Last) Graham

4. DATE OF DEATH: (Month) Febr. (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): deserted
8. DATE OF BIRTH: July 7 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 7 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressmaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Pensylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Christian Gehrke
14. MOTHER'S MAIDEN NAME: Anna Theophil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral accident / trombosis	6 days
Antecedent cause(s)	DUE TO (b)	Severe arteriosclerosis with vascular changes	10 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Senility	12 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1952, to 2/6/, 1953, that I last saw the deceased alive on 2/6/, 1953, and that death occurred at 7 03 p.m., from the causes and on the date stated above.

SIGNATURE V Guerman (DEGREE OR TITLE) MD ADDRESS Deers Head State Hospit Salisbury DATE SIGNED 2/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 2/11/53 NAME OF CEMETERY OR CREMATORY Moreland Cemetery LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 2-7-53 REGISTRAR'S SIGNATURE Maryland Holloway
24. FUNERAL DIRECTOR G. Messick, Bivalve, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Spring Hill Road.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Hayward.
4. DATE OF DEATH: (Month) (Day) (Year) February 15 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept. 18, 1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Owner
10b. KIND OF BUSINESS OR INDUSTRY: Poultry
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Thomas Hayward
14. MOTHER'S MAIDEN NAME: Adelia Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes World War I
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. W. Hayward, Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 540.0
Immediate cause (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Feb 8, 1953
DUE TO
Antecedent cause(s) (b) Acute Nephritis — Neat.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/14/53
19b. MAJOR FINDINGS OF OPERATION: Bleeding Gastric Ulcer
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1953, to Feb 15, 1953, that I last saw the deceased alive on Feb 15, 1953, and that death occurred at 4:05 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS Salisbury Md DATE SIGNED 2/16/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 2-18-53 NAME OF CEMETERY OR CREMATORY St. Paul's Church Yard LOCATION (City, town, or county) Berlin, Md (State)
DATE REC'D BY LOCAL REG. 2-18-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hosp. Salisbury Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) L. (Last) Hickman

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 12th 1872

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Somerset Co Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: France Hickman

14. MOTHER'S MAIDEN NAME: Nellie Cottingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Harry N. Hickman, Prince Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X

Immediate cause (a) Lobar pneumonia, left lower lobe — Interval Between Onset and Death: 2 6 h.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerosis general & cerebral — 1

DUE TO (c) Arteriosclerotic renal disease — 2 y

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Multiple decubiti ulcers — 6 m.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/53, to 2/28/53, that I last saw the deceased alive on 2/27/53, and that death occurred at 9:55 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. Nelson Mayster, M.D. Deer's Head H. Hosp. Salisbury Md 3/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-3 1953 — NAME OF CEMETERY OR CREMATORY Manokin Cemetery — LOCATION (City, town or county) Princess Anne (State) Md — 2/28/53

DATE REC'D BY LOCAL REG. 3-3-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Lewis R. Wilson — ADDRESS Princess Anne, Md.

RECEIVED
MAR 6 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 322

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING HILL SANATORIUM.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. EASTON COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL EASTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) FRANCIS (Last) HOOVER
4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1953.
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: SEPT, 8, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): GALESBURG, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOSEPH HOOVER
14. MOTHER'S MAIDEN NAME: SARAH KUHN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: GARDNER HASEN. EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio vascular renal disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis.

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19.., to 2/27, 1953, that I last saw the deceased alive on 2-26, 1953, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip A. Insley M.D. ADDRESS Salisbury Md DATE SIGNED 2-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF FEB, 30, 53 NAME OF ~~CEMETERY~~ OR CREMATORY Silverbrook LOCATION (City, town, or county) Wilmington (State) Del

DATE REC'D BY LOCAL REGISTRAR 2/28/53 REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

3-3-53 Mary W. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Maryland
LENGTH OF STAY (in this place) 1-1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kirkham, Md.
STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Melvin (Middle) Hughlett (Last) Hubbard

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 12-28-1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Easton, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Thomas Hubbard

14. MOTHER'S MAIDEN NAME: Georgietta Flowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	10 h
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	1
	DUE TO (c) Arteriosclerosis general	10 y

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bilat. senile cataracts 5 y

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 21, 1952, to 2/14, 1953, that I last saw the deceased alive on 2/14, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) Maldon, Asst. physic. ADDRESS Salisbury Md. DATE SIGNED 2/14/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Feb. 16, 1953 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery LOCATION (City, town, or county) Easton, Md. (State)

DATE REC'D BY LOCAL REG. 2-17-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 55

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

LENGTH OF STAY (in this place) 30 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year) February 20 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): NA

8. DATE OF BIRTH: Sept. 28, 1906.

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer hand

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Johnson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Alice Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause (a) Bronsho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1952, to 2/20, 1953, that I last saw the deceased alive on 2/20, 1953 and that death occurred at 11:03 a.m., from the causes and on the date stated above.

SIGNATURE Fred R. Granse (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md DATE SIGNED 2/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/23/53

NAME OF CEMETERY OR CREMATORY Quantico Cem

LOCATION (City, town, or county) Quantico (State) Md.

DATE REC'D BY LOCAL REG. 2-23-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Booker M. West. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 35 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 303 Newton St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 303 Newton

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Waller (Last) Kennerly
4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Feb. 8, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (or if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F Waller
14. MOTHER'S MAIDEN NAME: Annie E. Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Stella W. Townsend Camden Salisbury

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444 x

Immediate cause (a) Hypertension and Valvular Heart Disease — Interval Between Onset And Death 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 2/20, 1953, that I last saw the deceased alive on 2/18, 1953, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) Hunt R Mann Sr. M D.
ADDRESS Salisbury Md
DATE SIGNED 2/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/22/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-21-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co
ADDRESS Salisbury
George C Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A 15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) Route 50

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Ellen (Last) Knowles

4. DATE OF DEATH (Month) Feb (Day) 28 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 30, 1873
9. AGE last birthday 79 If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Eli Hastings
14. MOTHER'S MAIDEN NAME Philis Waller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs McKinley Knowles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

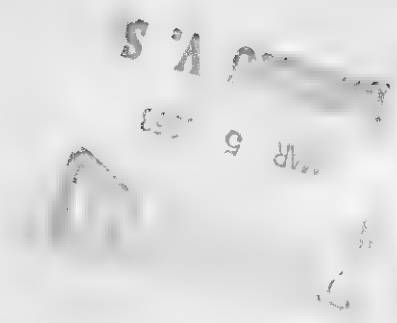
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1942, to Feb 28, 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 5 9 m., from the causes and on the date stated above.

SIGNATURE H. S. Kuhlman (Degree or title) M.D. ADDRESS Sharptown Md DATE SIGNED 3/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 2, 1953
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) (State) Laurel, Delaware

DATE REC'D BY LOCAL REG. 3-1-53
REGISTRAR'S SIGNATURE Mary W. Hardway
24. FUNERAL DIRECTOR Paul J. Smith, ADDRESS Sharptown Md



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico R.F.D.
LENGTH OF STAY (in this place) 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Wicomico COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Etha (Middle) Mae (Last) Layfield

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 9, 1888

9. AGE Last birthday: 64 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Jones

14. MOTHER'S MAIDEN NAME: Sallie Dashiell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mr. Grover Layfield Quantico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage. — Interval Between Onset And Death: 1½ Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Arteriosclerosis — 6 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1947, to 22 Feb., 1953 that I last saw the deceased alive on 22 Feb., 1953, and that death occurred at 6.55 AM, from the causes and on the date stated above.

SIGNATURE Richard H. Saunders (Degree or title) M.D. ADDRESS Pocomoke. Md. DATE SIGNED 23 Feb. 53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-24-1953 — NAME OF CEMETERY OR CREMATORY St. Mary Cemetery — LOCATION (City, town, or county) (State) Tyaskin, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-24-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Maryland

VS. A15

FEB
BUREAU V. 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02268 1

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) R. R. #1.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Camp (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year) February 12 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 1, 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Dentistry
11. BIRTHPLACE (State or foreign country): Bishop, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Lewis
14. MOTHER'S MAIDEN NAME: Prudy Ann Selby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. May Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Adenocarcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Signs from 3 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4-, 1953, to 2-12-, 1953, that I last saw the deceased alive on 2-12-, 1953, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (DEGREE OR TITLE) Mr. D. ADDRESS Salisbury Md. DATE SIGNED Feb. 16, 1953

23. ~~BURIAL~~ CREMATION REMOVAL (Specify): DATE THEREOF 2-16-53 NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery LOCATION (City, town, or county) (State) Bishopville, Md.

DATE REC'D BY LOCAL REG. 2-16-53 REGISTRAR'S SIGNATURE Mary W. Holloway 24. FUNERAL DIRECTOR Peter Whaley, ADDRESS Selbyville, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02269

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville — LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pittsville

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pa. — COUNTY: Phila.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 9233 Bustleton Ave. X

3. NAME OF DECEASED (Type or Print): (First) William (Middle) John (Last) Lewis
4. DATE OF DEATH: (Month) Feb (Day) 17th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 6, 1873
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Pet. Co.
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse Lewis
14. MOTHER'S MAIDEN NAME: Nancy Conaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 179-05-0871A
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning (accidental) — few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

Vol. 8

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm — (CITY OR TOWN): near Pittsville — (COUNTY): Wicomico — (STATE): Md.
TIME OF INJURY: (Month) Feb (Day) 17th (Year) 1953 (Hour) 2 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell into ditch & was drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Chas. T. Fisher, M.D. — (Degree or title) — ADDRESS: Salisbury, Md. — DATE SIGNED: 2/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/22/53
NAME OF CEMETERY OR CREMATORY: Mechanics Cemetery
LOCATION (City, town, or county): Millsboro — (State): Del.

DATE REC'D BY LOCAL REG.: 2-19-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Wm. Howard Wells — ADDRESS: Pittsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 24 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

VS A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 838 Brown St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 838 Brown St.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Catherine (Last) Littleton

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Married

8. DATE OF BIRTH: June 12-1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Parkesley Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred Dix

14. MOTHER'S MAIDEN NAME: Annie Colona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Dorsey Littleton (Husband) 838 Brown St Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 Immediate cause (a) Coronary artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary artery Atherosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Feb. 1953, that I last saw the deceased alive on Feb 3 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Edward L. Holloway M.D. ADDRESS Salisbury Md. DATE SIGNED Feb. 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 9-53 — NAME OF CEMETERY OR CREMATORY: Parsons Cem. — LOCATION (City, town, or county): Salisbury — (State): Md.

DATE REC'D BY LOCAL REG. 2-9-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Salisbury — ADDRESS: Md

Holloway & Holloway

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon
STREET ADDRESS (If rural, give location) P.O. Princess Anne

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	Doane	Lyon	February	21	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last Birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white		Sept 14 1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer Owner	Farming	New York	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George William Lyon	Jennie Cecil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	no	75	William Doane Lyon, Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
320.1 Immediate cause	(a) Portal Cirrhosis	unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Malnutrition	"
DUE TO		
	(c) Chronic Alcoholism	"

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

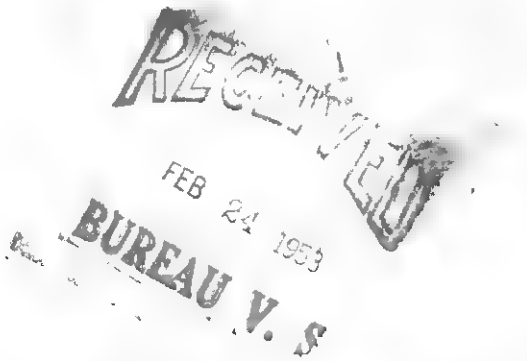
TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 2-21, 1953, that I last saw the deceased alive on 2-21, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
William R. Elbo, Jr. M.D. Salisbury, Md. 2-21-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	2-22-53	Grace Cemetery	Mt Vernon	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-24-53	Mary W. Holloway	Levin R. Wilson	Princess Anne Md.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FEB 24 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD#4.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) RD#4.

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Emily (Last) Matthews
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 15-1889 (1889)
9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home Life
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hales
14. MOTHER'S MAIDEN NAME: Lula Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Elmer S. Matthews (Husband) RD#4. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(260X) (c)

Interval Between Onset And Death: 9.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19 , to , 19 , that I last saw the deceased alive on , 19 and that death occurred at 4.30 a.m., from the causes and on the date stated above.

SIGNATURE Lee F. Lawry M.D. (Degree or title) ADDRESS Fruitland DATE SIGNED 2-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 25-53
NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park
LOCATION (City, town, or county) Salisbury Md (State)
DATE REC'D BY LOCAL REGISTRAR 2-23-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU

Dr. Laury

2273

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bryan Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD # 1

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Ellen (Last) McGrath

4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Jan. 23-1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Life
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Brown
14. MOTHER'S MAIDEN NAME: Mary Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT'S ADDRESS: Mrs. Elsie Culver (daughter) RD #1. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 434.1

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947 to death, 19....., that I last saw the deceased alive on 2-12, 1953, and that death occurred at 7.45 P.m., from the causes and on the date stated above.

SIGNATURE Lee L Laury (DEGREE OR TITLE) M.D. ADDRESS Trappe Md. DATE SIGNED 2-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Feb. 15-53 NAME OF CEMETERY OR CREMATORY Union Church Cem. LOCATION (City, town, or county) RD. Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 2-13-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. Salisbury Walter R. Holloway ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spr. Hill Private Sani.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) Ocean City Rd.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HARVEY (Last) MESSICK
4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 11, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housing Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Messick
14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Iva M. Havassy, Salisbury Rt. #4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive C.V. disease
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible]
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1953, to 2-21, 1953, that I last saw the deceased alive on 2-25, 1953, and that death occurred at 11:20 PM, from the causes and on the date stated above.

SIGNATURE W. F. B. (Degree or title) Smith M.D. ADDRESS Salisbury Md. DATE SIGNED 2-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/28/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Md.
DATE REC'D BY LOCAL REGISTRAR 2-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Arzie (Middle) Thomas (Last) Miles
4. DATE OF DEATH: (Month) Feb. (Day) 7, (Year) 1953.

5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Aug. 1, 1932
9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canning Factory
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Westover, Som. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leonard Miles
14. MOTHER'S MAIDEN NAME: Arintha Milbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: 214-28-1254
17. INFORMANT & ADDRESS: Leonard Miles, Westover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Compound fractures Skull — INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Shock. fracture rt. arm 8 hrs.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt. 413 State Rd. Hospital (CITY OR TOWN) Hingston (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) Feb (Day) 6 (Year) 11 (Hour) 8 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? auto accident.

22. I hereby certify that I attended the deceased from Dead on arrival at Peninsula Gen. Hosp. alive on ....., 19....., and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE Sher. B. Whelpin (DEGREE OR TITLE) ADDRESS Princess Anne, Md. DATE SIGNED 2/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb. 12/53
NAME OF CEMETERY John Wesley
LOCATION (City, town, or county) Cottage Grove Som. Co. (State) Md.

DATE REC'D BY LOCAL REG. 2/10/53
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. B.
24. FUNERAL DIRECTOR Charles H. Ward, Marion Sta., Md. ADDRESS Box 235.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

FEB 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3...

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F. D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R. F. D. #3

3. NAME OF DECEASED (Type or Print) (First) Lafayette (Middle) (Last) Mills
4. DATE OF DEATH (Month) Feb. (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 27, 1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Tenant Farmer
11. BIRTHPLACE (State or foreign country) Wicomico, Co., Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Henry Mills
14. MOTHER'S MAIDEN NAME No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Wilsie M. Pryor (Daughter) 403 Walnut St., Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 4 Mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. C. Rademaker MD (Degree or title) ADDRESS 224 N. Division St., Salisbury, Md. DATE SIGNED 2/6/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 6, 1953
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

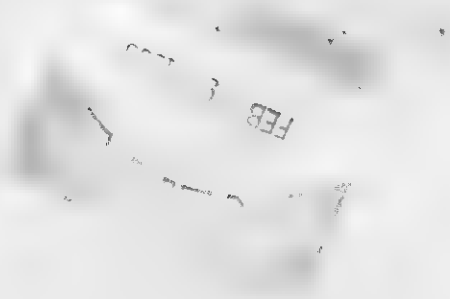
DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS Holloway and Co., Salisbury, Md.

Per J. Preston Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 519 Priscilla St.

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) (Last) Moore

4. DATE OF DEATH: (Month) (Day) (Year) 2 - 19 - 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	2/6/1908	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reg. Mid Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James M. Murray
14. MOTHER'S MAIDEN NAME: No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Albert Moore Greensboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (420.1)

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction, acute	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary artio sclerosis	unknown
	DUE TO (c) Senility	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1953, to 2-19, 1953, that I last saw the deceased alive on 2-19, 1953, and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Willard R. Elles J. MD Salisbury, Md. 2-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/21/53 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) (State) Greensboro Md.

DATE REC'D BY LOCAL REG. 2-19-53 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR J. E. Boulais — ADDRESS Greensboro Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) Thelma Avenue

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Murphy

4. DATE OF DEATH (Month) 2 (Day) 22 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 9/12/1873

9. AGE last birthday ~~80~~ 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Muirkirk, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Murphy

14. MOTHER'S MAIDEN NAME Catherine Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	26 h.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-vascular disease	10 years
	(c) Arteriosclerosis general	18 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — " —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1952, to 2-22, 1953, that I last saw the deceased alive on 2-22, 1953, and that death occurred at 1 30 A m., from the causes and on the date stated above.

SIGNATURE Dr. V. Guerman (Degree or title) M.D. ADDRESS Deer's Head State Hospital, Salisbury DATE SIGNED 2/22/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 24 Feb 1953

NAME OF CEMETERY OR CREMATORY Fr Lincoln Cemetery

LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 24 Feb 1953

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

Mary Hallaway - cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 808 Market Street

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) L (Last) Northam

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: March 31-1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months 10 Days 16 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: own
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur H. Northam
14. MOTHER'S MAIDEN NAME: Olivia T. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Elbridge B. Williams Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 177X

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary Embolism	1 hr.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Pelvic Thrombophlebitis	unknown
	DUE TO		
	(c)	Carcinoma of prostate	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 2-17, 1953, that I last saw the deceased alive on 2-17, 1953, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wilbur R. Ellis, Jr. MD Salisbury, Md. 2-17-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 20 1953
NAME OF CEMETERY OR CREMATORY Nelson Cemetery
LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REG. 2-21-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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FEB 24 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place): many years — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 619 Lake St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Salisbury Md — COUNTY: Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — STREET ADDRESS (If rural, give location): 619 Lake St

3. NAME OF DECEASED (Type or Print): (First) Lizzie (Middle) (Last) Nutter

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 17 1874

9. AGE last birthday: 78 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Simon Brown

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Lillian Hunter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	2 years
	(c)	

422.1 (411X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: chronic arteriosclerosis - generalized — 2 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R A Rademaker — (Degree or title): MD — ADDRESS: Salisbury Md — DATE SIGNED: 2/5/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-5-1953 — NAME OF CEMETERY OR CREMATORY: Green Acres Cemetery — LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: 2-5-53 — REGISTRAR'S SIGNATURE: Mary M. Holloway — 24. FUNERAL DIRECTOR: Levin R. White — ADDRESS: Princess Anne, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY MONTGOMERY.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GAITERSBURG
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) OSGIN (Last) OFFUT.

4. DATE OF DEATH: (Month) Febr. (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 1/4/1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler - Watch Repairs
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gaithersburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: RICHARD OFFUT
14. MOTHER'S MAIDEN NAME: MARY E. SELBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Recurrent cerebral accident (hemorrhage) 3 days

DUE TO

Antecedent cause(s) (b) Meningo-vascular syphilis unknown

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Hypertension 3 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Influenza 2 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1953, to 2/7, 1953, that I last saw the deceased alive on 2/7, 1953, and that death occurred at 6.30 p.m., from the causes and on the date stated above.

SIGNATURE V Guerman (DEGREE OR TITLE) M.D. ADDRESS Deers Head State Hospital Salisbury DATE SIGNED 2/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Buried DATE THEREOF 2/10/53 NAME OF CEMETERY OR CREMATORY Forest Oak LOCATION (City, town, or county) Gaithersburg (State) Md.

DATE REC'D BY LOCAL REG. 2-8-53 REGISTRAR'S SIGNATURE Mary W Holloway
24. FUNERAL DIRECTOR E. C. Gaither ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02357

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Salisbury

LENGTH OF STAY (in this place): About 10 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 209 Lake Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

STREET ADDRESS (If rural, give location): 209 Lake Street

3. NAME OF DECEASED: (Type or Print) (First) Joyce (Middle) Rebecca (Last) Palmer

4. DATE OF DEATH: (Month) 2 – (Day) 19 – (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: About 1909

9. AGE last birthday: About 44 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employee Proprietor Tea Room

10b. KIND OF BUSINESS OR INDUSTRY: Factory Own Business

11. BIRTHPLACE (State or foreign country): Allen, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Robinson

14. MOTHER'S MAIDEN NAME: Louisa Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 219-07-7594

17. INFORMANT & ADDRESS: Mrs. Mabel Moses, 95 S. 14th St, Newark, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

472X

Immediate cause (a) Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 14 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1953, to Feb 19, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE: Arthur A. Browne (M.D.) (TYPE OR TITLE) ADDRESS: Salisbury - Wi - Md DATE SIGNED: 2/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-23-'53 — NAME OF CEMETERY OR CREMATORY: Allen Cemetery — LOCATION (City, town, or county) (State): Allen, Wicomico Co. Md.

DATE RECD BY LOCAL REG. 2-23-53 — REGISTRAR'S SIGNATURE: Mary D. Holloway

24. FUNERAL DIRECTOR ADDRESS: STEWART FUNERAL HOME 324 E. Church St

Mary A. Stewart, Salisbury, Md.

FEB 19 3
U. S.

Dr. Ellis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 1000 West Isabella St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Bowers (Last) Parsons

4. DATE OF DEATH: (Month) Febr. (Day) 27th. (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Mar. 25th 1866
9. AGE last birthday: 86 yrs. IF LESS THAN 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming - Tenant
11. BIRTHPLACE (State or foreign country): Near Pittsville Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lemon B. Parsons
14. MOTHER'S MAIDEN NAME: Hannah Farlow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Maude E. Elliott (Sister) 1000 West Isabella St. Salisbury Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X Immediate cause (a) Hypertensive cardiovascular disease — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Acute bronchitis, asthmatic — "

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1953, to 2/27, 1953 that I last saw the deceased alive on 2-27, 1953 and that death occurred at 10.55 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) William R. Elles, Jr. MD
ADDRESS Salisbury, Md.
DATE SIGNED 2-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 1st. 1953
NAME OF CEMETERY OR CREMATORY Charity Cemetery
LOCATION (City, town, or county) Near Salisbury (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co Per. Sheriton Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6477

FEB 2 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332 (122)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 202 Elizabeth St.

3. NAME OF DECEASED: (First) Herbert (Middle) Emmett (Last) Payne
4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: April 27-1882
9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter
10b. KIND OF BUSINESS OR INDUSTRY: own business
11. BIRTHPLACE (State or foreign country): Newark Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Payne
14. MOTHER'S MAIDEN NAME: Margaret Coulbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Nellie L. Ruden (Niece) 202 Elizabeth St. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (TIME BETWEEN ONSET AND DEATH)
420.1
Immediate cause (a) DUE TO Acute Coronary Thrombosis with infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1953, to 2/17, 1953, that I last saw the deceased alive on 2/17, 1953, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Andrew C Mitchell MD 2/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-20-53
NAME OF CEMETERY OR CREMATORY: Newark Cem.
LOCATION (City, town, or county) (State): Newark Md.

DATE REC'D BY LOCAL REG. 2-19-53
REGISTRAR'S SIGNATURE: Mary W Holloway
24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. Walter R. Holloway
ADDRESS

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Md.
LENGTH OF STAY (in this place) 4-1/2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron, Md.
STREET ADDRESS (If rural, give location) c/o Wood Bradley

3. NAME OF DECEASED: (Type or Print) (First) Radie (Middle) Straughn (Last) Phillips
4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 8, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ~~Maryland~~ Columbia, Del.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Flavius Bradley
14. MOTHER'S MAIDEN NAME: Emily Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

331 X Immediate cause (a) Cerebral hemorrhage — 3 h

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis cerebral & general — 10 y ?!

DUE TO

(26 X) (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 2 y

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/11, 1952, to 2/3, 1953, that I last saw the deceased alive on 2/3, 1953, and that death occurred at 8 12 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. V. Melden, Trust - phys. Deer's head State Hosp. Salisbury, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb. 5-53
NAME OF CEMETERY OR CREMATORY Fire Mains Cem.
LOCATION (City, town, or county) Sharptown Md. (State)

DATE REC'D BY LOCAL REG. 2-4-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Railroad ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) 3 Railroad avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) GRANVILLE W. PHOEBUS

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 19-1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Oriole Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Phoebus
14. MOTHER'S MAIDEN NAME: Stella Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 221-03-1140
17. INFORMANT & ADDRESS: William Phoebus - Delmar, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to 2-17, 1953, that I last saw the deceased alive on 2-10, 1953 and that death occurred at 5:10 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) J. L. Sohler M.D. ADDRESS Delmar, Md. DATE SIGNED 2-17-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 2-19-53
NAME OF CEMETERY OR CREMATORY Odd Fellows
LOCATION (City, town, or county) (State) Laurel, Del

DATE REC'D BY LOCAL REGISTRAR February 17 53
REGISTRAR'S SIGNATURE Harry E. Hudson Sr
24. FUNERAL DIRECTOR W. S. Marvel Co. ADDRESS Delmar, Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]5

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Haven
MARYLAND
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Haven
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) (Last) POLK

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1953

5. SEX: Female | **6. COLOR OR RACE:** Colored | **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married | **8. DATE OF BIRTH:** March 25, 1883 | **9. AGE last birthday:** 69 yrs. | IF UNDER 1 YEAR: Months 10 Days 10 | IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework | **10b. KIND OF BUSINESS OR INDUSTRY:** Own Home | **11. BIRTHPLACE** (State or foreign country): White Haven | **12. CITIZEN OF WHAT COUNTRY:** U.S.A.

13. FATHER'S NAME: Levin Wainwright | **14. MOTHER'S MAIDEN NAME:** Georgiana Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) — | **16. SOCIAL SECURITY NO.:** 219-05-3395A | **17. INFORMANT & ADDRESS:** Garnet Cooke – White Haven, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary Hemorrhage	1 hour.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease.	6 years.
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURED** While at Work ☐ Not While At Work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 10/10, 1948, to 2/4, 1953, that I last saw the deceased alive on 2/4, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard H. Saunders M.D. | ADDRESS: Nanticoke Md. | DATE SIGNED: 2/6/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF:** Feb. 8, 1953 | **NAME OF CEMETERY OR CREMATORY:** White Haven Cem. | **LOCATION** (City, town, or county) (State): White Haven Md

DATE REC'D BY LOCAL REGISTRAR: 2-7-53 | **REGISTRAR'S SIGNATURE:** Mary W. Holloway | **24. FUNERAL DIRECTOR:** C. D. Mears | **ADDRESS:** Bivalve, Md.

VS. A15

FEB 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AM 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury — LENGTH OF STAY (In this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Daisy Lee Nursing Home Spring Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
STREET ADDRESS (If rural, give location) R.F.D. Princess Anne

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) W (Last) Parker

4. DATE OF DEATH: (Month) February (Day) 9, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 11 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired truck farmer	Md.	U. S.

13. FATHER'S NAME: John Lewis Parker
14. MOTHER'S MAIDEN NAME: Amanda Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs Elwood Johnson Princess Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332x Immediate cause	(a) Cerebral thrombosis	unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis	unknown
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan 1, 1953 to Feb 9, 1953, that I last saw the deceased alive on Feb 9, 1953, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Willard R. Ellis	M.D.	Salisbury, Md.	2-9-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 12, 1953	Episcopal	Princess Anne Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-10-53	Mary W. Holloway	James Hinman	Princess Anne Md.

RECEIVED
FEB 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D. 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Pusey

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 25, 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Pusey
14. MOTHER'S MAIDEN NAME: Mary Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mrs Kieffer Lexton, Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

Antecedent cause(s) (b) Generalized arterio sclerosis — unknown

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 6:55 P.m., from the causes and on the date stated above.

SIGNATURE Wilber R. Ellis, Jr. (DEGREE OR TITLE) MD ADDRESS Salisbury, Md. DATE SIGNED 2-11-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2-13-1953
NAME OF CEMETERY OR CREMATORY Friendship Cemetery
LOCATION (City, town, or county) Near Princess Anne Md (State)
DATE REC'D BY LOCAL REG. 2-13-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD #1.

3. NAME OF DECEASED: (Type or Print) (First) Harrison (Middle) Benjamin (Last) Perry

4. DATE OF DEATH: (Month) February (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: May 12-

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country): Whitehaven Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Littleton Perry

14. MOTHER'S MAIDEN NAME: Harriett (N. Record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Nellie B. Perry (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: M.D. Salisbury Md.

260X

Immediate cause (a) Diabetic Acidosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gangrene Rt Large Toe

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to 2/11/, 1953 that I last saw the deceased alive on ....., 19....., and that death occurred at 9.30 a.m., from the causes and on the date stated above.

SIGNATURE Lee L Lawrey (DEGREE OR TITLE) MD ADDRESS Fruitland DATE SIGNED 2-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb. 14-53 — NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park — LOCATION (City, town, or county) Salisbury — (State) Md.

DATE REC'D BY LOCAL REG. 2-13-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Salisbury — ADDRESS Md.
Walter R. Holloway

Dr Fisher

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 206 West Vine Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 107 Center Street

3. NAME OF DECEASED (Type or Print): (First) Homer (Middle) Purnell (Last) Pusey
4. DATE OF DEATH: (Month) Feb (Day) 28th (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 18, 1903
9. AGE last birthday: 49 yrs. If under 1 year: Months 10 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Public Utilities
11. BIRTHPLACE (State or foreign country): R.D.# Snow Hill, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willard Lowe Pusey
14. MOTHER'S MAIDEN NAME: Rebecca Hannah Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Venie R. Pusey (wife) 107 Center Street, Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary thrombosis — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE: Chas. T. Fisher M.D. (Degree or title) ADDRESS: Salisbury Md DATE SIGNED: Feb 5 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 3, 1953 — NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 3-2-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury, Maryland
Walter R. Holloway

MAR 5

Dr Granne

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 4107 Maine Ave

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Kavel (Last) Ragland

4. DATE OF DEATH: (Month) (Day) (Year) February 6 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov 14, 1912

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work, even if retired) Salesman Drugs

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Alexander Ragland

14. MOTHER'S MAIDEN NAME: Mary A. Ragland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Mrs Lenard Ragland Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Virus pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1953, to 2/6, 1953, that I last saw the deceased alive on 2/6, 1953, and that death occurred at 4:30 pm, from the causes and on the date stated above.

SIGNATURE Fred L. Granne (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Md DATE SIGNED 2/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/9/53

NAME OF CEMETERY OR CREMATORY Roanoke Cemetery

LOCATION (City, town, or county) (State) Roanoke Va

DATE REC'D BY LOCAL REG. 2-6-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Hill & Johnson Co ADDRESS Salisbury George C Hill II

FEB 9

Inv.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND: Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 512 Collins St.

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) (Last) Rawson
4. DATE OF DEATH (Month) (Day) (Year): Feb 13 1953
5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH:
9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to Feb 15, 1953, that I last saw the deceased alive on Feb 14, 1953, and that death occurred at 9 m., from the causes and on the date stated above.

SIGNATURE: William D Gray (Degree or title) Mtn — ADDRESS: Salisbury Md — DATE SIGNED: 2-23 53

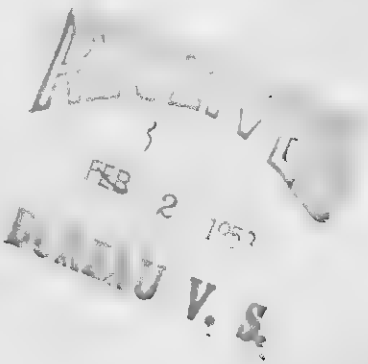
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/27/53 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county): [illegible] (State): Md.

DATE REC'D BY LOCAL REG.: 2-26-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible] Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1


FEB 2 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0229.2

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) RD #1.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Bratten (Last) Roberts
4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: April 14-1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Quantico Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry J. Langsdale
14. MOTHER'S MAIDEN NAME: Annie Bratten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: M. Langsdale F. Roberts (son) Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
42a 2
Immediate cause (a) Chronic Myocarditis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1953, to Feb 11, 1953, that I last saw the deceased alive on Feb 10th, 1953, and that death occurred at 5:20 a.m., from the causes and on the date stated above.
SIGNATURE William E. Purcell (DEGREE OR TITLE) MD ADDRESS Hebron Md DATE SIGNED Feb. 12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Feb 13-53 NAME OF CEMETERY OR CREMATORY Roberts Family Cem. LOCATION (City, town, or county) Parkersburg (State) Md.
DATE REC'D BY LOCAL REG. 2-13-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter K. Holloway

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Horntown.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Ross

4. DATE OF DEATH: (Month) (Day) (Year) 2-26 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 30, 1917
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Ross
14. MOTHER'S MAIDEN NAME: Delsie Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Delsie Ross Horntown, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4

Immediate cause (a) Hydrothorax
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertrophy & Dilatation of heart
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1953, to 2/26/53, 19....., that I last saw the deceased alive on 2/26/53, 19....., and that death occurred at 4:35 P.m., from the causes and on the date stated above.

SIGNATURE Fred R. Gramse (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Md. DATE SIGNED 2/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3-1-53
NAME OF CEMETERY OR CREMATORY Horntown
LOCATION (City, town, or county) Horntown (State) Va.

DATE REC'D BY LOCAL REG. 2-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Edgar Wharton - New Church, Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
FEB 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Quantico

LENGTH OF STAY (in this place): All life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico

STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Dorveill (Last) Ryder

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Baby

8. DATE OF BIRTH: 11-24-'51

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 2, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): P. G. Hospital, Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Miltom Ryder

14. MOTHER'S MAIDEN NAME: Roxy Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Baby (If Yes, give war or dates of service) Baby

16. SOCIAL SECURITY NO.: Baby

17. INFORMANT & ADDRESS: Mrs. Roxy Ryder, Quantico, Wicomico Co., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

49X

Immediate cause (a) Lobar Pneumonia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31st, 1953, to Feb. 1st, 1953, that I last saw the deceased alive on Feb. 1st, 1953, and that death occurred at 3.30 ?.m., from the causes and on the date stated above.

SIGNATURE: William Emrich (DEGREE OR TITLE) M.D. ADDRESS: Hebron Md. DATE SIGNED: Feb. 3-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-4-'53

NAME OF CEMETERY OR CREMATORY: Mt. Zion Church Cemetery

LOCATION (City, town, or county) (State): Quantico, Wicomico Co., Md.

DATE REC'D BY LOCAL REG. 2-4-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: STEWART FUNERAL HOME 324 E. Church St.

Mary A. Stewart, Salisbury, Maryland

VS. A15—8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 932

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.# I.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; STREET ADDRESS (If rural give location) R.D.# I.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ann (Last) Schor

4. DATE OF DEATH: (Month) Feb. (Day) 19. (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 4. 1870.

9. AGE last birthday: 82. yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): New York, City, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brennan

14. MOTHER'S MAIDEN NAME: Mary (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Harold C. Schor (Son) R.D. # I. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) Intra - Cranial Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C.V. disease

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1953, to 2-18, 1953, that I last saw the deceased alive on 2-18, 1953 and that death occurred at 11.30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. B. Smith M.D. 222 N. Div. St. Salisbury Md 3/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb. 23, 53.

NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park.

LOCATION (City, town, or county) (State) Salisbury, Maryland.

DATE REC'D BY LOCAL REGISTRAR 2-23-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & Co. Salisbury, Maryland.

Walter H. Holloway

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH — COUNTY: Wicomico; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Hebron; LENGTH OF STAY (In this place): ; HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.R

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Hebron; STREET ADDRESS (If rural, give location): R. R.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Shoulders

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: About 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 215-12-6126

17. INFORMANT AND ADDRESS: Ethel Carter, Hebron, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Cerebral accident	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrovascular arteriosclerotic disease	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: 224 N. Division St., Salisbury DATE SIGNED: 2/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/10/53

NAME OF CEMETERY OR CREMATORY: Green Acres

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG.: 2-10-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: J. F. Stewart, Funeral Home Salisbury, Maryland

Mary A. Stewart

RECEIVED
FEB 13 1953
BUREAU V. S.

19907

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) February 20 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 7, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Princess Anne, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allison T. Pusey
14. MOTHER'S MAIDEN NAME: Elizabeth (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Webb Cassell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Artery Heart Disease	Symptoms 3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Artery Atherosclerosis	" "
	DUE TO (c) Essential Hypertension	5 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis Myocardial Insufficiency

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1:35 A.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md. DATE SIGNED Feb 20 1953

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 2-22-53 NAME OF CEMETERY OR CREMATORY Episcopal Cemetery LOCATION (City, town, or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. 2-20-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Dashiell Funeral Home ADDRESS Princess Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A16 8-51

RECEIVED
FEB 24 1953
BUREAU K. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0229

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 17 hrs 3omin
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Washington

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Grace (Last) Stubbs

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1894

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Snow Hill Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sidney Smith

14. MOTHER'S MAIDEN NAME: Jennie L. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mrs Watts S Collins 220 Record St Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Ventricular fibrillation	several hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) hypertensive arteriosclerotic cardio-vascular renal disease	7yr
	DUE TO (c)	

II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic ulcers both legs — 3 mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, 19....., to Feb 8, 1953, that I last saw the deceased alive on 2/7/53, 19....., and that death occurred at 8:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Dr. Paul Cohen ADDRESS Snow Hill Md DATE SIGNED 2/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb 10 53

NAME OF CEMETERY OR CREMATORY Mystic

LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 2-9-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Clay Dennis ADDRESS Snow Hill Md

Dr. Morgan

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE—WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD. #4

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD #4.

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Irene (Last) Taylor

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 23-1952

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 6 Days 15 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salisbury Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles R. Taylor

14. MOTHER'S MAIDEN NAME: Elmyra Virginia Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Charles R. Taylor (father) RD #4. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

757.1 **Immediate cause** (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Congenital Polycystic Kidneys — since birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23, 1952, to 2/8, 1953, that I last saw the deceased alive on 2/2/53, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
William C. Morgan M.D. Salisbury Md. 2/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb. 10-53
NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park
LOCATION (City, town, or county) Salisbury
(State) Md.
DATE SIGNED 2/9/53

DATE REC'D BY LOCAL REG. 2-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Salisbury
ADDRESS Md.
Walter R. Holloway

2372181406

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 532

Deers Head Hospital

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

LENGTH OF STAY (in this place) 2 yrs 4 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Nr. Salisbury, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilbert (Middle) — (Last) Voss

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 5-12-1902

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Mod. Plastics

11. BIRTHPLACE (State or foreign country): Farmington Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Voss

14. MOTHER'S MAIDEN NAME: Lida Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Raymond Voss Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	1 h.
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerosis cerebral & general	?
	~~DUE TO~~ (c)	Rheumatoid arthritis generalized	12 y

331X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to Feb. 5, 1953, that I last saw the deceased alive on Feb 5, 1953, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. Welsh, Int. Physician Deer's Head Hosp. Salisbury Md

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 2/9/53 NAME OF CEMETERY OR CREMATORY Bloomery Cem. LOCATION (City, town, or county) Federalsburg, Md (State) 2/9/53

DATE REC'D BY LOCAL REG. 2-6-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR J. Harvey Villinger - Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

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RECEIVED
FEB 9 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury — LENGTH OF STAY (in this place) 2 yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural, give location) Cumberland Maryland

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) Joseph (Last) WAYS

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 8, 1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Ret Laborer

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George E. Ways

14. MOTHER'S MAIDEN NAME: Mary L. Daily

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 214-07-1284

17. INFORMANT & ADDRESS: Hosp records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Squamous cell)

141 X

Immediate cause (a) Carcinoma of tongue & metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1952, to 2/1, 1953, that I last saw the deceased alive on 1/31/53, 1953, and that death occurred at 12:16 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Thomas M. Arrington M.D. Deers Head State Hosp. 2/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2/3/53 — NAME OF CEMETERY OR CREMATORY St Patricks Cemetery — LOCATION (City, town, or county) Cumberland — (State) Maryland

DATE REC'D BY LOCAL REG. 2-2-53 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co — ADDRESS Salisbury Md.
George C Hill II

VS. MD 8-51 (T)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 30

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Mt. Vernon Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Elzey (Last) Wheatley

4. DATE OF DEATH: (Month) Febr. (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 2/4/1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oriole, Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Wheatley
14. MOTHER'S MAIDEN NAME: Anna Mae Lambdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial infarction	2 h.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic cardiovascular disease	5 years
	DUE TO (c)	Arteriosclerosis general.	13 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1952, to 2/18, 1953, that I last saw the deceased alive on 2/18, 1953, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE V. Juerman (DEGREE OR TITLE) M.D. ADDRESS Deers Head State Hospital Salisbury DATE SIGNED 2/18/53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2-20-1953
NAME OF CEMETERY OR CREMATORY Parson Cemetery
LOCATION (City, town, or county) Salisbury, Md (State)
DATE REC'D BY LOCAL REG. 2-20-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 24 1923
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 606 Camden Ave

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) CHICK (Last) Williams

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Oct 3, 1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10b. KIND OF BUSINESS OR INDUSTRY: Broker

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Williams

14. MOTHER'S MAIDEN NAME: Catherine Laws

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Elmer C Williams Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1953 to 2/13, 1953, that I last saw the deceased alive on 2/13, 1953 and that death occurred at 9.50 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

David J. Gelsum M.D. Salisbury Md. Feb. 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/16/53 — NAME OF CEMETERY OR CREMATORY: Parsons Mem. — LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG. 2-16-53 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS: The Hill & Johnson Co Salisbury, George C Hill II

FEB 18 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Pr. Sant.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 407 Mitchell St.,

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) HANDY (Last) WILLIAMS

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 1, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Policeman
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Williams
14. MOTHER'S MAIDEN NAME: Mary Unknown

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Howard Smith, Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x

Immediate cause (a) Cardio vascular renal disease — Interval between Onset And Death 5 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950 to 2-7, 1953, that I last saw the deceased alive on 2-7, 1953, and that death occurred at 11:30 PM from the causes and on the date stated above.

SIGNATURE Philip A. Tusler (Degree or title) Mal ADDRESS Salisbury Md DATE SIGNED 2-8-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/11/53
NAME OF CEMETERY OR CREMATORY Shad Point Cemet.
LOCATION (City, town, or county) Shad Point (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-11-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co George C. Hill ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1953
BUREAU V. S.

02305

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (In this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Williams
4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 1908
9. AGE last birthday: 44 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Non
11. BIRTHPLACE (State or foreign country): Jesterville Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lonnie Williams : Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260x Immediate cause (a) Diabetic Coma — Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 1953, to 2/6, 1953, that I last saw the deceased alive on 2/6/, 1953, and that death occurred at 4:00A m., from the causes and on the date stated above.

SIGNATURE: J A Radensler (Degree or title) MD. — ADDRESS: 224 N. Division St; Salisbury, Md. — DATE SIGNED: 2/7/53

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial — DATE: 2/10/52 — NAME OF CEMETERY OR CREMATORY: Jesterville Cem — LOCATION (City, town, or county): Jesterville (State): Md

DATE REC'D BY LOCAL REG.: 2-9-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Booker M West — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) 2 (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-28-29

9. AGE last birthday: 23 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Salisbury Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vernon Wilson

14. MOTHER'S MAIDEN NAME: Cecilia Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Vernon Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490X

Immediate cause (a) Lobar Pneumonia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1953, to 2-2, 1953 that I last saw the deceased alive on 2/1, 1953, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

SIGNATURE: William D. Gray — (DEGREE OR TITLE) MD — ADDRESS Salisbury Md — DATE SIGNED 2-4-53

23. BURIAL, CREMATION / REMOVAL (Specify): Buried — DATE THEREOF 2-5-53 — NAME OF CEMETERY OR CREMATORY Green Acres — LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 2-4-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Booker M Lee — ADDRESS

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FEB 6 1953
BUREAU V. S.